

The Commonwealth of Massachusetts

City or Town

Annual Report – Raffles & Bazaars
(C. 810, Acts of 1969)

Date_____

Name and Address of Nonprofit Organization:

Expiration Date of Permit: _____

Number of Raffles and Bazaars Held: _____

Amount of Money Received: \$_____

Expenses Connected with Raffles Conducted: \$_____

Net Proceeds: \$_____

For what purposes were the proceeds used? _____

Name & addresses of winners of \$25.00 or more: _____

(Attach additional pages as necessary)

We, the undersigned, do hereby certify that this report is true and complete.

(Accountant)

1: _____

2: _____

3: _____

Report Certified to be in conformity
with C. 810, Acts of 1969

City/Town Clerk

Signature of Authorized Officer
or Member of Organization

**RENEWAL PERMIT WILL NOT BE ISSUED TO LICENSEE UNTIL THIS REPORT HAS BEEN
COMPLETED AND FILED WITH THE COMMISSIONER OF PUBLIC SAFETY.**

(Permit Holders also holding Beano Licenses, must submit a copy of this report to the Massachusetts State Lottery Commission)